

FILED MAR 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5413

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3036 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Aurora</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Aurora</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>/</u>		d. STREET ADDRESS (If rural, give location) <u>3mi. West of Aurora, Mo.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u>	b. (Middle) <u>FRANCES</u>	c. (Last) <u>SLAUGHTER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2</u> <u>28</u> <u>1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>3/27/1876</u>
9. AGE (In years last birthday) <u>73</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miner & Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Hamilton, Ark.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>Edwin Slaughter</u>	
14. MOTHER'S MAIDEN NAME <u>Elizabeth Copeland</u>		15. NAME OF HUSBAND OR WIFE <u>Mollie Slaughter</u>	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		17. SOCIAL SECURITY NO. <u>/</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ch. MYOCARDITIS</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bronchial Asthma</u> DUE TO (c) <u>Bronchopneumonia</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>1122</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH <u>?</u> <u>?</u> <u>2da</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>220</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>2-28</u> , 19 <u>49</u> , to <u>2-28</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>2-28</u> , 19 <u>49</u> , and that death occurred at <u>10:15am</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>R.D. Gowan</u>		23b. ADDRESS <u>Aurora, Mo.</u>	
23c. DATE SIGNED <u>3-2-49</u>		24a. BIRTHPLACE (State or foreign country) <u>USA</u>	
24b. DATE <u>3/7/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Park Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Aurora, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James King</u>	
DATE REC'D BY LOCAL REG. <u>March 5-49</u>		REGISTRAR'S SIGNATURE <u>Ora Mc Natt</u>	
ADDRESS <u>Aurora, Mo.</u>		(Licensed Embalmer's Statement on Reverse Side)	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 6,

District File Number 349-278

Date Filed 2-8-49

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. 3529

Signed _____
Student Embalmer

P. O. Address AURORA, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.